

VDH Guidelines for Cleaning and Disinfection for SARS-CoV-2

Environmental cleaning and disinfection is an important element of standard precautions of Infection Prevention and Control. Environmental contamination in healthcare settings can play a role in the transmission of healthcare-associated infections (HAI). The following tips are provided to help facilities maintain a clean environment and minimize microbial contamination of surfaces, items and equipment within the healthcare environment, which are important in reducing the risk of the transmission of healthcare associated infections, including SARS-CoV-2.

- Dedicated medical equipment (e.g., vitals machine) should be used when caring for patients with suspected or confirmed COVID-19.
- All non-dedicated, non-disposable medical equipment (e.g., portable x-ray) used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.
- Ensure that routine environmental cleaning and disinfection procedures are followed consistently and correctly using an EPA-approved disinfection product with an emerging viral pathogens claim against SARS-CoV-2 listed on the website:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Ensure frequent cleaning of high-touch surface areas and shared resident care equipment using EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 listed on the website:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.
- Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer’s label. Ensure adequate contact time for effective disinfection.
- Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers, and donning appropriate PPE, such as gloves and eye protection) when working with disinfectants.
- After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand rub that contains 60% to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.
- Additional information about cleaning and disinfecting of environmental surfaces, including guidance on additional technologies (e.g., ultraviolet germicidal irradiation, electrostatic sprayers or foggers) is available in the [FAQs addressing environmental cleaning and disinfection](#).

Best practices for long-term care facilities

- Avoid using product application methods that cause splashing or generate aerosols.
- Ensure EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
- Ensure HCP are appropriately trained on its use and follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time)
- Cleaning activities should be supervised and validated to ensure correct procedures are followed. Consider developing a process for monitoring/auditing of adherence to cleaning and disinfection of environmental surfaces and resident equipment (e.g. contact times of EPA-registered disinfectants).
- Review cleaning and disinfection products and protocols with healthcare personnel and environmental services staff

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- o Ensure they understand the necessary concentration, application method, and contact time (See CDC Sparkling Surfaces : <https://www.youtube.com/watch?v=t7OH8ORr5lg>)
- o Review differences between porous and non-porous surfaces
- Room cleaning
 - o Daily and enhanced cleaning, and as needed whenever environmental contamination may have occurred.
 - o Establish a consistent pattern of cleaning and disinfection (clean to dirty, top to bottom) to ensure aimed surfaces are covered and to prevent recontamination.
 - o High touch surfaces every shift (include door handles, bedside tables, bed rails, bed frames, TV remote, call button, remote controls, room chairs, light switches, and toilet handholds)
 - o Terminal cleaning if residents are moved
- After discharge, terminal cleaning of rooms can be performed by EVS personnel. They should delay entry into the room until time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, EVS personnel can enter the room and should wear a well-fitting facemask (for source control) along with a gown and gloves when performing terminal cleaning.
 - o Eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products
- Develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces, and common areas.
- If possible, do not allow environmental services staff to work across units or floors. To the extent possible, EVS staff should avoid working on both the COVID-19 care unit and other units during the same shift
- Facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.
 - o Cleaning on COVID-19 units may need to be delegated to clinical staff to reduce the number of staff caring for positive residents.
- All staff in a unit need to have a clear understanding of who is responsible for cleaning what items and surfaces and the proper methods of doing so to ensure there are no inadvertent gaps in cleaning services.
- Shared equipment: clean and disinfect after each use
- Dedicated equipment: clean and disinfect with each use and prior to storage (e.g., stethoscopes, blood pressure cuffs, and walkers)

Resources:

- This document contains those disinfectants already registered with EPA for coronavirus effectiveness, at the link here <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Overall IPC guidance for COVID-19 can be found on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- CDC's Clinical Questions about COVID-19: Questions and Answers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Cleaning-and-Disinfection-of-Environmental-Surfaces>
- Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities and Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment].
- CDC's Sparkling Surfaces: Stop COVID-19's Spread: <https://www.youtube.com/watch?v=t7OH8ORr5lg>